

Rhode Island Certified Organic History Report

Year _____

Complete this form for the previous three years, or one year for fields currently certified. Use additional sheets if necessary. Reports for fields and greenhouses purchased or rented within the past three years must be signed by the previous manager.

Return this form to: RI DEM Division of Agriculture and Resource Marketing
235 Promenade Street
Providence, RI 02908
Tel: (401) 222-2781
Email: matt.green@dem.ri.gov

SECTION 1: General Information

Name	Farm	Field and Greenhouse Numbers
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SECTION 2: Farm Plan Information

NOP Rule 205.201(a) and 205.202(a) and (b)

A. Please complete the table below that shows all fields, [organic (O), in transition (T) or conventional (C)], field numbers, acres, crops planted, and yields. Pastures are considered a crop and must be listed on each form.

CROPS PRODUCED FOR CERTIFICATION	FIELD OR GREENHOUSE NUMBER	TOTAL AREA PER CROP	ACTUAL YIELD

B. GREENHOUSE MANAGEMENT AND SEEDLING PRODUCTION☐ Not applicable

Was any treated wood replaced in any part of your greenhouses?

List all soil mix ingredients, fertility products, foliar sprays, pest and disease inputs used in your organic greenhouse or seedling production operation.

GREENHOUSE NUMBER	PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION)

C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN THE SAME GREENHOUSE:☐ Not applicable

List all soil mix ingredients, fertility products, foliar sprays, water system additives, pest and disease inputs used in your non-organic greenhouse operation.

GREENHOUSE NUMBER	PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION)

SECTION 3: Soil and Crop Fertility Management

NOP Rule 205.203 and 205.205

All fertility inputs must be approved. A "restricted" input refers to an approved material on the National List which has a specific annotation for its use (see NOP Rule 205.601(j)(1-8), (k) and 205.602(g) and (h). If you use a "restricted" material, you must provide evidence of how you addressed the material's annotation. Under NOP Rule 205.201(a)(3), the operator must monitor fertility practices and procedures to verify that the organic plan is effectively implemented.

Plant and animals materials (manure, compost, and uncomposted plant materials) must be managed so that they do not contribute to contamination of crops, soil, and water by plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.

List all fertility inputs used on organic and transitional fields.

☐ Not applicable

FIELD NUMBER	PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R), PROHIBITED (P)	REASON/CONDITIONS FOR USE	RATE APPLIED	FREQUENCY OF APPLICATION

SECTION 4: Crop Management

NOP Rule 205.205, 205.206

Approved synthetic materials on the National List 205.601 may only be used when management practices are insufficient to prevent or control problems. All weed, pest, and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must provide evidence of how you address the materials' annotation.

A. WEED MANAGEMENT PLAN:

List all weed inputs used on organic and transitional fields.

☐ No weed pest problems☐ Not applicable

FIELD NUMBER	WEED PROBLEM	CONTROL PRODUCT OR METHOD	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION

B. PEST MANAGEMENT PLAN:

List all pest control products used on organic and transitional fields.

☐ No pest problems☐ Not applicable

FIELD NUMBER	INSECT PROBLEM	CONTROL PRODUCT OR METHOD	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION

C. DISEASE MANAGEMENT PLAN:☐ No disease problems

List all disease management inputs used on your organic and transitional fields/crops.

☐ Not applicable

FIELD NUMBER	DISEASE PROBLEM	CONTROL PRODUCT OR METHOD	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION

SECTION 5: Affirmation

I affirm that all statements made in this report are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected organic harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent.

Signature of Operator _____ Date _____

Signature of Previous Manager, if required _____ Date _____